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CONFIRMATION NO. 4529

<b>SERIAL NUMBER</b> 10/762,421	<b>FILING OR 371(c) DATE</b> 01/22/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> CDSI-P01-040
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**APPLICANTS**  
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 Hong Guo, Belmont, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/096,877 03/14/2002 which is a CON of 09/558,207 04/26/2000 PAT 6,375,972  
 This application 10/762,421 is a CIP of 10/428,214 05/02/2003 which claims benefit of 60/377,974 05/07/2002 and claims benefit of 60/437,576 12/31/2002 and claims benefit of 60/452,348 03/06/2003  
 This application 10/762,421 claims benefit of 60/442,499 01/24/2003 and claims benefit of 60/483,316 06/26/2003 and claims benefit of 60/482,677 06/26/2003 and claims benefit of 60/501,975 09/11/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/26/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>AS</u> Examiner's Signature Initials				

**ADDRESS**  
28120

**TITLE**  
Sustained release device and method for ocular delivery of carbonic anhydrase inhibitors

<b>FILING FEE RECEIVED</b> 1470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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